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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application/or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD 2 Substitute for Form PTO-875 OTHER THAN CLAIMS AS FILED - PART I OR SMALL ENTITY SMALL ENTITY (Column 1) (Column 2) RATE NUMBER EXTRA RATE FFF FEE NUMBER FILED FOR BASIC FEE OR (37 CFR 1.16(a)) TOTAL CLAIMS X S OR X S minus 20 = (37 CFR 1.16(c)) INDEPENDENT CLAIMS = OR X \$ (37 CFR 1.16(b)) minus 3 = OR MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) = OR TOTAL TOTAL If the difference in column 1 is less than zero, enter "0" in column 2. **CLAIMS AS AMENDED - PART II** OTHER THAN OR 1.3-0 SMALL ENTITY (Column 2) (Column 3) SMALL ENTITY (Column 1) HIGHEST **CLAIMS** ⋖ PRESENT ADDI-RATE ADDI-REMAINING RATE NUMBER **EXTRA** TIONAL TIONAL ENT **PREVIOUSLY AFTER** FEE FEE MENDMENT **PAID FOR** Minus Total (37 CFR 1.16(c)) ENDM  $\mathbf{C}$ 0 X S O OR X \$ Minus Independent (37 CFR 1.16(b)) = x s OR ⋛ FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR = TOTAL TOTAL OR ADD'L FEE ADD'L FEE (Column 1) (Column 2) (Column 3) HIGHEST CLAIMS RATE ADDI- $\mathbf{\omega}$ **PRESENT** ADDI-RATE REMAINING NUMBER TIONAL TIONAL **FXTRA** ENT **AFTER PREVIOUSLY** FEE FEE AMENDMENT PAID FOR Total (37 CFR 1.16(c)) Minus ENDMI 6 OR X S Independent (37 CFR 1.16(b)) Minus = OR X S X \$ OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) + 5 = TOTAL TOTAL ADD'L FEE OR ADD'L FEE (Column 3) (Column 2) (Column 1) CI AIMS HIGHEST PRESENT RATE ADDI-O RATE ADDI-REMAINING NUMBER TIONAL **EXTRA** TIONAL **PREVIOUSLY** ENDMENT AFTER FEE FEE AMENDMENT PAID FOR Minus Total 22 = OR (37 CFR 1.16(cj) X \$ Independent (37 CFR 1.16(b)) Minus X S X S OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR + 5 TOTAL TOTAL OR ADD'L FEE ADD'L FEE If the entry in column 1 is less than the entry in column 2, write "0" in column 3. \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1

This collection of Information is required by 37 CFR 1.16. The Information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

## PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number 09/188216

Effective October 1, 2000					04163846				
CLAIMS A	S FILED - (Column		•	mn 2)	SMALL TYPE	ENTITY	OR	OTHER SMALL	
TOTAL CLAIMS			1/ 3		RATE	FEE	٦	RATE	FEE
FOR ·	NUMBER F	FILED	NUME	ER EXTRA	BASIC F	EE 355.00		BASIC FEE	_
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NDEPENDENT CLAIMS	/ mir	nus 3 =	*		X40=		1	Vác	
MULTIPLE DEPENDENT CLAIM P	RESENT				-	+	OR		
If the difference in column 1 is	less than ze	ro, enter	r "0" in c	column 2	+135		OR	L	
CLAIMS AS					TOTA		OR		
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